

Illinois Department of Revenue II -5751 Statement by

Who must complete this form? You must complete Form IL 5754 if you receive payment of Illinois lottery or	Step 2: Who will receive winnings? (Cor	mplete the following	ng informatio
You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received	for each person receiving winnings.)		
winnings and to whom the winnings are taxable. The payer will use this	1		
information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer	Taxpayer identification number (SSN or FEIN)	Amount won	
Assistance Division at 1 800 732-8866 or 217 782-3336 ; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304 . Our office hours are 8 a.m. to 5 p.m.	Name		
Step 1: Winnings information (Complete the following information.)	Street address		
Date of payment/ Type of winnings			
Total won Illinois Income Tax withheld	City	State	ZIP
Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable.	Taxpayer identification number (SSN or FEIN)	Amount won	
	Name		
Taxpayer identification number (SSN or FEIN)			
	Street address		
Name			
	City	State	ZIP
Street address	3		
0.1	Taxpayer identification number (SSN or FEIN)	Amount won	
City State ZIP			
Under penalties of perjury, I declare that to the best of my knowledge and belief the names, addresses, and taxpayer identifying numbers which I have furnished correctly identify me as the recipient of this payment and correctly identify each person entitled to any portion of this payment.	Name		
paymoni	Street address		
Signature Date			
			ZIP
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market Could result in a penalty. This form has been approved by the Forms Market Could result in a penalty.			
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market Illinois Department of Revenue IL-5754 Statement by Person Receivin	elosure of this information is REQUIRED. Failure to provide information is REQUIRED. Failure to provide information in IL-492-	ation -0045.	
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market III. This form has been approved by the Forms Market III. The Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or	closure of this information is REQUIRED. Failure to provide information is REQUIRED. Failure to provide information in IL-492-	ation -0045.	
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form?	g Gambling Winnings Step 2: Who will receive winnings? (Coi	ation -0045.	
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance?	g Gambling Winnings Step 2: Who will receive winnings? (Coi	ation -0045.	
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Market IL-5754 (R-12/05) Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1	ation .0045. mplete the followin	
Note: Give your completed and signed form to the person who pays you the winnings. This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Received IL-5754 Statement by Person Received Who must complete this form? Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1	ation .0045. mplete the followin	
Illinois Department of Revenue IL-5754 (R-12/05) Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m.	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address	mplete the followin	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving IL-5754 (R-12/05) Illinois Department of Revenue IL-5754 Statement by Person Receiving Who must complete this form? Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m. Step 1: Winnings information (Complete the following information.)	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City	ation .0045. mplete the followin	
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving Illinois Department of Revenue IL-5754 Statement by Person Receiving Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m. Step 1: Winnings information (Complete the following information.) Date of payment/ Type of winnings	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address	mplete the followin	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving III. Statement by Person	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2	mplete the followin Amount won State	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving III. Statement by Person	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Taxpayer identification number (SSN or FEIN) Name	mplete the followin Amount won State	ng informatio
Note: Give your completed and signed form to the person who pays you the winnings. IL-5754 (R-12/05) This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1	mplete the followin Amount won State	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving III. Statement by Person	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1	mplete the followin Amount won State Amount won	ng informatio
Note: Give your completed and signed form to the person who pays you the winnings. IL-5754 (R-12/05) This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Medical Person Receiving	g Gambling Winnings Step 2: Who will receive winnings? (Confor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Taxpayer identification number (SSN or FEIN) Name Street address City Street address City	mplete the followin Amount won State	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Mount of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m. Step 1: Winnings information (Complete the following information.) Date of payment/ Type of winnings Total won Illinois Income Tax withheld Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable. Taxpayer identification number (SSN or FEIN)	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1	mplete the followin Amount won State Amount won	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms Mount of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m. Step 1: Winnings information (Complete the following information.) Date of payment/ Type of winnings Total won Illinois Income Tax withheld Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable. Taxpayer identification number (SSN or FEIN)	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Tixpayer identification number (SSN or FEIN)	mplete the followin Amount won State Amount won	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms No. Illinois Department of Revenue IL-5754 Statement by Person Receivin	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Tixpayer identification number (SSN or FEIN)	mplete the followin Amount won State Amount won	ng informatio
This form is authorized as outlined by the Illinois Income Tax Act. Disc could result in a penalty. This form has been approved by the Forms No. IL-5754 (R-12/05) Illinois Department of Revenue IL-5754 Statement by Person Receivin Who must complete this form? You must complete Form IL-5754 if you receive payment of Illinois lottery or gambling winnings over \$1,000. This form provides a record of who received winnings and to whom the winnings are taxable. The payer will use this information to prepare Form W-2G. What if I need additional assistance? If you need assistance, visit our web site at tax.illinois.gov; call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336; or call our TDD (telecommunications device for the deaf) at 1 800 544-5304. Our office hours are 8 a.m. to 5 p.m. Step 1: Winnings information (Complete the following information.) Date of payment/ Type of winnings Total won Illinois Income Tax withheld Write the Social Security number (SSN) or federal employer identification number (FEIN), name, and address of the person to whom winnings were made payable. Taxpayer identification number (SSN or FEIN) Name Street address City State ZIP	g Gambling Winnings Step 2: Who will receive winnings? (Corfor each person receiving winnings.) 1 Taxpayer identification number (SSN or FEIN) Name Street address City 2 Taxpayer identification number (SSN or FEIN) Name Street address City 3 Taxpayer identification number (SSN or FEIN)	mplete the followin Amount won State Amount won	ng informatio

City

ZIP

State